Medical Homes Meeting Notes 7.20.11

On the Phone: **Lisa Wilson**, PLUK; **Kirstin Juliar**, HealthShare MT; **Leigh Thurston**, Community Medical Center in Missoula; **Ed Allan**, Community Medical Center in Missoula; **Tom Roberts,** Western Montana Clinic; **Janice Gomersall**, American Academy of Family Physicians; **Kristin Page Nei**, ACS-CAN; **Rob Stenger**, Province Medical Group; **Marcy Johnson**, HealthShare MT, **Mary Noel**, DPHHS, **Katherine Buckley-Patton**, HMK; **Terry Krantz**, DPHHS; **Paul Cook**, Rocky Mountain Health Network; **Kirsten Mailoux**, EBMS; **Carol Kelley,** Bozeman Deaconess.

In Person: **Nancy Wikle**, DPHHS; **Bob Shepard**, New West; **Laurie Francis**, Montana Primary Care Assn; **Fred Olson**, BCBS; **Chuck Butler**, MCHA; **Ife Bamikole**, DPHHS; **Denise Brunett**, DPHHS; **Rick Yearry,** REC; **Paula Block,** Primary Care Assn; **Janice Mackinson**, Mountain Pacific Quality Health; **Tanya Ask,** New West; **Myrna Seno,** Mountain Pacific Quality Health; **Christine Kaufmann** and **Amanda Roccabruna Eby**, CSI

Performance Standards

Dr. Shepherd led the discussion on the draft of Selected Measures for Physician Performance Payments. He corrected the recommendation for mammography to include an upper limit of 75 years. The measures are fairly standard and in line with the US Health Preventative Services Task Force (USPSTF). They give a starting place that should not be too overwhelming. If the group can come to agreement on these, medical practices can pick the measures they wish to start with and potentially receive enhanced reimbursement for those measures. They might pick the top diagnoses for their clinic. The more measures they meet the more enhanced payments they may be eligible for.

Rick Yearry led a discussion of the document comparing "meaningful use" and NCQA standards which the group has adopted. The items in red are the meaningful use required standards; the items in the salmon/orange color are from the NCQA menu list that you get to chose five from; they are those predominantly picked by clinics and practices.

There was some discussion regarding the recommendations on mammography and their non-conformance with the Affordable Care Act (ACA), which differs from the USPSTF. The group generally believed we should follow USPSTF and be less restrictive when there is disagreement. This does not prevent providers from offering or insurance from paying for more frequent testing. The group agreed there might be a notation about this in the document, and agreed to consider an explanatory comment.

One member reminded everyone how well we would be doing to get every woman over the age 50 a mammogram every two years. He appreciated the advocate's position recommending testing beginning at age 40, but agreed that we should be less restrictive for the purpose at hand—potential enhanced payments to medical homes.

The group also discussed reporting issues for patient centered medical home (PCMH) and meaningful use (MU) and the concern that there not be two separate reporting systems. Some thought reporting

for MU should help certify a practice as a PCMH and that PCMH should be aligning with meaningful use and so that clinics should not have two reporting systems. Others thought MU reporting was quite different and at the current time only involves attestation. The two systems have differing sets of criteria and are two distinct projects.

The issue of responsibility and accountability for access to care was discussed. A member expressed concerns for how you can have a PCMH if you don't have a robust EMR that helps you coordinate the care. PCMH and MU should be moving us to the same place and if a practice gets meaningful use in order, it should be able to transform into PCMH more easily. There was hope that we could stay on this PCMH path but still get some alignment later down the road. It is unlikely this advisory council can take any meaningful action on the issue.

There was discussion on the distinction between PCMH paying for process versus paying for outcomes. Some expressed that we can pay part on processes and part on quality. If you want to switch your group to PCMH certification only on the basis of process, you don't know what your end result will be. Some expressed that while process changes do not necessarily lead to better outcomes, you can't get to good outcomes without changes in process first.

There was a general consensus among the members to adopt columns one and two with the added disclaimer discussed by the group and with ideas about how to reach the benchmarks in a timely manner.

Decision: The group adopted columns one and two of the document—the specific performance measures, with the correction and notation.

Benchmarks for Quality Performance

The group discussed the process for gathering data on the goals and benchmarks. Members were interested in seeing the methodology for arriving at the goals and benchmarks, so the group can determine whether that was reasonable.

Some members explained that getting the measurements off of claims is very complicated. Another option was to select the data repository and after the data is reported, the goals and benchmarks could be set at that time. This would mean waiting until the practices comes on board, looking at historical claims data through the portal they are going to be using, and delaying the benchmarks until all the reporting is in.

Dr. Shepherd agreed to compile current data from available sources for future discussion. Plans were made for the next meeting to look and see where the holes are after everything possible is gathered.

Data Systems

Most Working Group members agreed that we must have uniform data system to support PCMH reporting and payment processes for this to work. Members examined survey results from those who

saw the DocSite presentation, and were informed of additional WebEx presentations on both DocSite and MDdatacor.

One provider expressed preference for MDdatacor because he thought it was more user-friendly, sophisticated, and similar to the type of the reporting he already does. He thought it would potentially make it easier for us to do the kind of quality reporting we just discussed and collate things and make it easier for us to use. Both South Dakota and North Dakota practices are using MDdatacor in a BCBS pilot program, and we should look into their satisfaction.

Health Share MT (HSM) representatives shared their extensive RFP process in selecting DocSite. They are going live on Aug. 28th with two sites, Anaconda Internal Medicine Clinic and Billings Clinic, so those two sites will begin uploading their info. There was discussion about the sustainability of HSM and whether their goal of a Health Information Exchange was different from PCMH and if the data system can serve two slightly different purposes.

Fred Olson joined the group and provided the BCBS perspective on a data repository. BCBS started their disease management project and recognized the need for a technology platform for providers. Because of their five years of history ant projects in the Dakotas, they talked to MDdatacor. They also spoke with Health Share MT. They recently released an RFP for a technical comparison and engaged an intermediary to do the analysis. Dr. Olson identified that a data repository needs a strong technology platform and must makes sense to providers, so they will want to use it. BCBS will have a better technological comparison available by mid-August, as the RFP ends on July 30.

The working group discussed the implications of using both systems rather than having to choose between the two. Although two databases exchanging data may be acceptable, insurers and practices may not be able to support two systems financially. HSM has already chosen Doc Site. Members discussed that ending up with two may not be cost effective. The cost to use HSM is likely to be more reasonable to small practices.

Dr. Olson agreed to produce a side by side comparison between the two systems as both were expected to respond to the RFP. The working group agreed we would wait to look at that comparison before further discussion.

<u>Update on Anti-trust issues</u>

The group agreed we have to have clear answers on anti-trust issues before we begin talking about payment contracts. Internal counsel at CSI is examining who has the authority to do an executive order. This is a growing movement across the county, doors will open, but it has to be considered carefully.

Christine agreed to report on progress at the next meeting.